

**RECEIVED**  
**CENTRAL FAX CENTER**

**MAY - 3 2006**

Please type a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/683,659	
	<b>Filing Date</b>	October 9, 2003	
	<b>First Named Inventor</b>	RUSH, BENJAMIN	
	<b>Group Art Unit</b>	3746	
	<b>Examiner Name</b>	Solak, Timothy P.	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	ADCI-008
<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> <b>Amendment / Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> <b>Extension of Time Request</b> <input type="checkbox"/> <b>Express Abandonment Request</b> <input type="checkbox"/> <b>Information Disclosure Statement</b> <input type="checkbox"/> <b>Certified Copy of Priority Documents</b> <input type="checkbox"/> <b>Response to Missing Parts/ Incomplete Application</b> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> <b>Assignment Papers (for an Application)</b> <input type="checkbox"/> <b>Drawing(s)</b> <input type="checkbox"/> <b>Licensing-related Papers</b> <input type="checkbox"/> <b>Petition</b> <input type="checkbox"/> <b>Petition to Convert to a Provisional Application</b> <input checked="" type="checkbox"/> <b>Power of Attorney, Revocation Change of Correspondence Address (1 page)</b> <input type="checkbox"/> <b>Terminal Disclaimer</b> <input type="checkbox"/> <b>Request for Refund</b> <input type="checkbox"/> <b>CD, Number of CD(s) &lt;&lt;TEXT&gt;&gt;</b>	<input type="checkbox"/> <b>After Allowance Communication to Group</b> <input type="checkbox"/> <b>Appeal Communication to Board of Appeals and Interferences</b> <input type="checkbox"/> <b>Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</b> <input type="checkbox"/> <b>Proprietary Information</b> <input type="checkbox"/> <b>Status Letter</b> <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <b>3.73(b) Statement (1 page)</b>	
<div style="border: 1px solid black; padding: 2px;"> <b>Remarks</b> </div>			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
<b>Firm or Individual Name</b>	CAROL M. LASALLE, Reg. No. 39,740		
<b>Signature</b>			
<b>Date</b>	May 3, 2006		

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.8(d) and 1.8(e)(1)(b) addressed to: (571) 273-8300 on this date: May 3, 2006.			
<b>Typed or printed name</b>	Wilhelm A. Palmen Jr.	<b>Date</b>	May 3, 2006
<b>Signature</b>			

**Burden Hour Statement:** This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450 Alexandria VA 22313-1450.

RECEIVED  
CENTRAL FAX CENTER

MAY - 3 2006

PTO/SB/80 (04-05)

Approved for use through 11/30/2005. OMB 0851-0039  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24353

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24353

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

Assignee Name and Address:

**Abbott Diabetes Care, Inc.**  
1420 Harbor Bay Parkway, Suite 290  
Alameda, California 94502

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

## SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>CSL</i>	Date	4/7/06
Name	Carl Silverman	Telephone	510-749-5479
Title	Vice President, Intellectual Property		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAY - 3 2006

PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: **RUSH, BENJAMIN**Application No./Patent No.: **6,916,159**Filed/Issue Date: **July 12, 2005**Entitled: **DEVICE AND METHOD EMPLOYING SHAPE MEMORY ALLOY****THERASENSE, INC.**a **corporation**

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel **014887**, Frame **0944**, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

**5/3/2006**

Date

**(650) 327-3400**

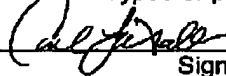
Telephone number

**Attorney of Record**

Title

**Carol M. LaSalle (Reg. No. 39,740)**

Typed or printed name



Signature

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.